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PTO/SB/21 (05-03)

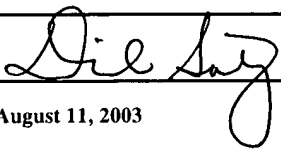
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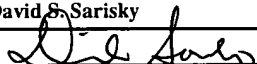
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/990,960	
	Filing Date	November 21, 2001	
	First Named Inventor	J. Hall	
	Art Unit	3739	
	Examiner Name	P. Vrettakos	
Total Number of Pages in This Submission	15+	Attorney Docket Number	HRT-55405

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Request for Continued Examination Return postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	FULWIDER PATTON LEE & UTECHT, LLP
Signature	
Date	August 11, 2003

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	David S. Sarisky		
Signature		Date	August 11, 2003

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<h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">for FY 2003</h2> <p style="text-align: center;"><i>Effective 01/01/2003. Patent fees are subject to annual revision.</i></p>		Complete if Known	
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		First Named Inventor	J. Hall
		Examiner Name	P. Vrettakos
		Group Art Unit	3739
		Attorney Docket No.	HRT-55405
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) \$860.00			

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																																															
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8021	40	8021	40	Recording each patent assignment per property (times number of properties)																																																																																																																																																																																																																																																																																																													
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))																																																																																																																																																																																																																																																																																																													
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))																																																																																																																																																																																																																																																																																																													
1801	750	2801	375	Request for Continued Examination (RCE)	750.00																																																																																																																																																																																																																																																																																																												
1802	900	1802	900	Request for expedited examination of a design application																																																																																																																																																																																																																																																																																																													
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SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	David S. Sarisky	Registration No. (Attorney/Agent)	41,288	Telephone	310.824.5555
Signature	<i>David S. Sarisky</i>	Date	August 11, 2003		

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